

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth—stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 167
Registered No. 54

1. PLACE OF BIRTH

County Yila State _____
District or Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Richard Eugene Miller (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Aug 28 1928 Month Day Year

8. FATHER Full name Willie Eugene Miller 14. MOTHER Full maiden name Rosa Nancy Ragsdale
9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 23 (Years) 16. Color or race White 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Winkelman 18. Birthplace (city or state) Santa Rita
(State or country) Ariz. (State or country) New Mexico

13. Occupation Skinner 19. Occupation House wife
Nature of industry Copper smelter Nature of industry _____

20. Number of children of this mother _____ (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum. Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ A. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles B. Fuentes M.D. (Physician or midwife)

Given name added from a supplemental report _____ Address Hayden, Arizona
Month, day, year _____ Filed Aug 31 1928 Registrar M. B. Dool

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